STATE OF MONTANA

APPLICATION for CANCELLATION of ASSUMED BUSINESS NAME or LIMITED LIABILITY PARTNERSHIPS (30-13-213, MCA)

MAIL TO: MIKE COONEY

Secretary of State P.O. Box 202801 Helena, MT 59620-2801 \$\frac{406}{444-3665}\$

Prepare, sign and submit an ORIGINAL AND COPY with fee.
This is the minimum information required.

(This space for use by the Secretary of State only)

Form: **ABN-2** Filing Fee: \$5.00

PLEASE CHECK ONE BOX:

☐Cancellation of ABN (30-13-213, MCA) \$5.00 ☐Cancellation of LLP (30-13-213, MCA) \$5.00

□Priority Filing Fee Add \$20.00

► FIRST: The Assumed Bus	iness Name or LLP to be canceled is
► SECOND: The name and a	ddress of the applicant are as follows:
Name	
Street Address	
Mailing Address	
► I, HEREBY SWEAR AND AF are true.	FIRM, under penalty of law, that the facts contained in this Application
	Signature of Applicant
	Title or Ownership Interest in Business Organization
State ofCounty of	
Signed or attested	before me on (date) by [name(s) of person(s)]
	(Signature of notarial officer) Notary Public for the State of

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Application for Cancellation of Assumed Business Name or LLP HELP SHEET

- You may request priority filing of your document. Simply mark the "priority filing" box and include an additional \$20.00 with your filing fee for a total of \$25.00. Priority filing ensures that your application will be handled within 24 hours of receipt of the document by our office.
- Please type or clearly print the requested information.
- Have the form notarized.
- Upon completion, mail the original, one **copy**, and the correct filing fee to the Secretary of State, PO Box 202801, Helena, MT 59620-2801.
- The Secretary of State will send a letter of acknowledgment to you once your document has been filed with our office.
- If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.